**EUROPEAN FEDERATION of SHAR PEI CLUBS
LONGEVITY CERTIFICATE
Application Form**

 

**Information about the owner:**

Name of Owner: …………………………………………………………………………………………………………………………………………….
Country: ………………………………………………………………………………………………………………………………………………………
Email and telephone number: …………………………………………………………………………………………………………………………
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**Information about the dog:**

**Name of Dog:** ……………………..…………………………………………………………………………………..……………………..……………...

**Name of Breeder:** ………………………………………………………………. **Country:** …………………………………………………………

**Date of birth:** (day/month/year)………………………… **Registration number (Pedigree number)**……………………………………….

**Gender:** male female **Color**: ……………………………………. **Coat type**: …………………………………………..

**Number of produced offspring:** ……………
*Optional – Health test results*: ……………………………………………………………………………………………………………………….**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*By sending this application form, I, the undersigned, agree that EFSPC may collect, store, use, and disclose the provided personal data and information on the EFSPC web page, social media, in collected statistics and in any future publications.
I confirm that, to the best of my knowledge, the provided information is true and verifiable.*

*….......................................................... Date and Signature of Owner***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please send this application form to Viktoria Potapkina longevity@sharpeifederation.eu***

***with the following documents attached:***

* Completed and signed Application Form
* Signed Veterinary Confirmation Form
* Copy of Pedigree (with the name of owner and breeder clearly visible)
* Photo of the dog *(Optional: video)*

**EUROPEAN FEDERATION of SHAR PEI CLUBS
LONGEVITY CERTIFICATE
Veterinary Confirmation Form**

 

*As part of the Application for the EFSPC Longevity Certificate the dog needs to undergo a verification of identity and receive a confirmation of good health respective for its age from a certified veterinarian.*

*As part of the control, we ask the veterinarian for the verification of the microchip/tattoo number, as well as the overall condition of the dog for its age. It is* ***not necessary*** *to disclose any veterinary records, eventual diseases, medications, etc.*

**Name of Dog:** ……………………..…………………………………………………………………………………..……………………..……………...

**Microchip/tattoo number:** ……………………..…………………………………………………………………………………..…………………

**TO BE COMPLETED BY VETERINARIAN**

**Name of Veterinary Clinic: ………………………………………………………………………………………………………………………..
Postal Address: …………………………………………………………………………………………………………………………………………
Email and telephone number: …………………………………………………………………………………………………………………..**

**Name of Veterinarian: ………………………………………………………………………………………………………………………………**

*I declare that I have confirmed the identification of the dog (chip and/or tattoo) stated above.
The dog is in good health for its age and the provided information is correct.*

 Stamp:

 *…........................................... Date and Signature of Veterinarian*